

BASIC TRAINING COURSE REGISTRATION FORM



AGILITY DOG CLUB OF QUEENSLAND INC

MR/MRS/MISS/MS SURNAME: ..... FIRST NAME: .....

ADDRESS: .....SUBURB: .....

POST CODE: ..... PHONE: (HOME) ..... (MOBILE) .....

EMAIL ADDRESS: ..... I wish to receive email updates.....YES / NO

- I AM ALREADY A MEMBER OF ADCQ or
- I/We hereby apply for membership to the Agility Dog Club of Queensland Inc. (ADCQ). In the event of membership admission, I/We agree to be bound by the Rules and By-Laws of the Club for the time being in force.

DOG'S NAME (Pet name): ..... HANDLER'S NAME .....

DOG'S DATE OF BIRTH (or estimated): / / SEX OF DOG..... DESEXED? YES / NO (please circle)

BREED (or cross) .....

DATE OF LAST VACCINATION: / / NEXT VACCINATION DUE: / /

- I HAVE ATTACHED A COPY OF MY DOG'S LATEST VACCINATION CERTIFICATE
- I WILL BRING MY DOG'S LATEST VACCINATION CERTIFICATE ON THE FIRST DAY OF CLASS

COURSE REGISTRATION (please tick the appropriate box) COURSE DATE:- .....

- BASIC TRAINING CLASS single \$130-00 (per dog, includes membership fees)
- BASIC TRAINING CLASS family \$180-00 (2 dogs from same family, includes membership fees, please complete a separate course registration form for each dog)

**FEES MUST BE RECEIVED FOR YOU TO BE BOOKED INTO THE COURSE**

Cheques/Money Orders should be made payable to: **AGILITY DOG CLUB OF QUEENSLAND INC.**  
or email [adcqld@gmail.com](mailto:adcqld@gmail.com) for bank details for electronic transfer. You will be notified when registration is complete.

- I UNDERSTAND THAT PARTICIPATING IN CLASS REQUIRES HELPING TO SET UP AND PACK UP ANY EQUIPMENT
- I UNDERSTAND THAT ADCQ OFFERS NO REFUNDS ON COURSE FEES LESS THAN TWO WEEKS PRIOR TO COURSE COMMENCEMENT DATE
- I DECLARE THAT NONE OF THE DOGS CURRENTLY REGISTERED IN MY NAME WITH ADCQ ARE (IN FULL OR PART) AN AMERICAN PIT BULL TERRIER, JAPANESE TOSA, ARGENTINE FIGHTING DOG, BRAZILIAN FIGHTING DOG AND/OR ANY OTHER BREED WHICH MAY BE DEEMED AS A RESTRICTED DOG. NOR ARE ANY OF THEM INDIVIDUAL DOGS(S) WHICH HAVE BE DEEMED AS DANGEROUS DOGS AS DEFINED IN THE COMPANION ANIMAL ACT 1988 (NSW) AND/OR DEFINED IN ANY OTHER STATE, TERRITORY OR THE COMMONWEALTH OF AUSTRALIA EQUIVALENT ACT.

SIGNATURE: (of one member) ..... DATED: .....

Scan and email form to [adcqld@gmail.com](mailto:adcqld@gmail.com)

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## *Office Use Only - Coordinator*

<i>Office Use Only - Coordinator</i>			
Verified Vaccination		Receipt No. & Amount	
Membership No.		Date Received	
Input		Confirmation email sent	